

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc		9/28/00
O.I.P.E. CLASSIFIER		21	10/5/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	Hc	573	11/02/00
	A.M.	5C 570	04-05-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	0	11/15/00	
2	2	11/15/00	
3	3	11/15/00	
4	4	11/15/00	
5	5	11/15/00	
6	6	11/15/00	
7	7	11/15/00	
8	8	11/15/00	
9	9	11/15/00	
10	10	11/15/00	
11	11	11/15/00	
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13	13	11/15/00	
14	14	11/15/00	
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46	46	11/15/00	
47	47	11/15/00	
48	48	11/15/00	
49	49	11/15/00	
50	50	11/15/00	

Best Available Copy

Claim	Final	Original	Date
51	51	11/15/00	
52	52	11/15/00	
53	53	11/15/00	
54	54	11/15/00	
55	55	11/15/00	
56	56	11/15/00	
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96	96	11/15/00	
97	97	11/15/00	
98	98	11/15/00	
99	99	11/15/00	
100	100	11/15/00	

Claim	Final	Original	Date
101	101	11/15/00	
102	102	11/15/00	
103	103	11/15/00	
104	104	11/15/00	
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144	144	11/15/00	
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146	146	11/15/00	
147	147	11/15/00	
148	148	11/15/00	
149	149	11/15/00	
150	150	11/15/00	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)